

NOTICE OF INDEPENDENT REVIEW DECISION

September 11, 2003

MDR Tracking #: M2-03-1719-01
IRO Certificate #:IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This male patient has a diagnosis of thoracic or lumbosacral neuritis or radiculitis since a work related fall _____. Despite conservative measures tried, the patient subsequently had return of his usual pain and is currently ambulating with a cane.

Requested Service(s)

RS4i sequential 4-channel combination interferential and muscle stimulator

Decision

It is determined that the request for an RS4i sequential 4-channel combination interferential and muscle stimulator is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There was nothing documented in this record with which to justify diagnoses such as neuritis or radiculitis. It appears that this patient suffered a direct blow injury and has developed (or is developing) chronic pain syndrome.

The neuromuscular stimulators, if effective, are excellent alternatives to medication, local injections, long term physical therapy modalities, etc. The symptom of pain is difficult to treat in the chronic phase, especially when no underlying cause can be determined.

In his letter dated 07/30/03 to RS Medical, the patient states clearly that this device is providing him with pain relief. These units have been documented as effective in the treatment of acute and chronic pain. Therefore, it is determined that the request for an RS4i sequential 4-channel combination interferential and muscle stimulator is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 11th day of September 2003.